

# Snorkel Airway Kit

Ventilating Airway and Bite Block Assembly



A totally new way  
to seal the Breathing  
or Anaesthetic circuit

*Seals the inside of the mouth*  
Self - Retaining  
Self - Sealing  
Hands Free

*Extend the safe Apnoea time with  
Preoxygenation and Apnoeic Oxygenation*

## Sizes:

- Adult
- Small Adult

## Assembly

Mount the self-retaining, self-sealing flange onto the Airway with the concave side facing the distal end and towards the mouth (Fig 1 and 2). The flange can be positioned anywhere along the thick portion of the Airway or slotted into the groove for maximum intraoral length (Fig 2).

(For patient's with a particularly narrow face the flange can be mounted with the concave side facing away from the distal end and then snapped forward into a concave shape facing the distal end).

Connect the Heat and Moisture Exchange Filter (HMEF) and Catheter Mount to the Breathing circuit. (Mapleson C circuit: Set oxygen flow at 9 - 10 l/minute).

Fig. 1

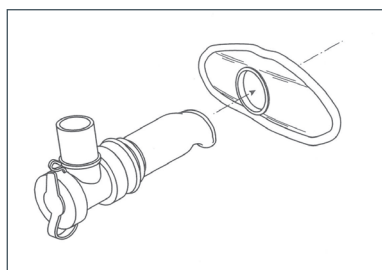
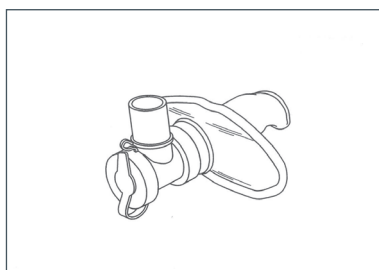


Fig. 2



## Placement

Pinch the wings of the flange between thumb and forefinger (Fig 3) and place the Snorkel Airway in the patient's mouth so that the flange comes to lie in the vestibule of the mouth inside the lips and outside the gums and teeth (Fig 4 and 5).

Fig. 3

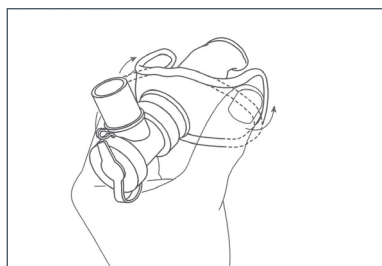


Fig. 4

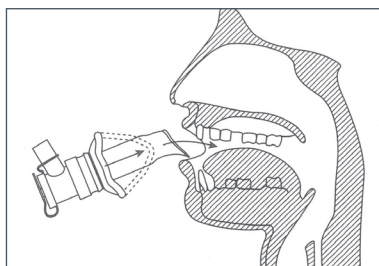
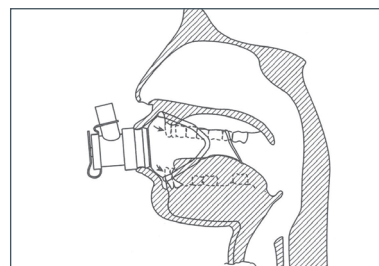


Fig. 5



## Uses:

### Ventilating Airway and Bite Block:

Upper G.I. Endoscopy  
Bronchoscopy  
Transoesophageal Echocardiography

### Anaesthesia:

Preoxygenation and Induction of General Anaesthesia  
Fibreoptic Intubation

Up to 60% of adverse events during upper G.I. endoscopy are sedation related and cardiopulmonary in nature

Source: American Society of Gastroenterology; Standards of Practice Committee 2012.

## Why use the Snorkel Airway Kit?

### Makes the Endoscopist's job easier

- Easy to fit in place
- The Airway can be directed towards the pharynx
- The patient can't obstruct the central channel with his tongue
- No straps or ties required



### Patient Safety

- Easier to pass the Endoscope; less risk of trauma to oral structures
- The Snorkel Airway helps to keep the patient's airway patent
- Filling and emptying of the breathing circuit's reservoir bag indicates breathing
- Capnography monitoring can be incorporated
- Rescue breaths can be delivered via the breathing circuit if needed
- If sedation induced apnoea occurs Preoxygenation and Apnoeic Oxygenation will delay the onset of dangerous hypoxaemia

Apnoeic Oxygenation requires Preoxygenation with 100% oxygen, a patent patient airway and the continuous delivery of 100% oxygen to the pharynx during the period of apnoea. During apnoea oxygen continues to be taken up by the pulmonary capillary blood at a rate of approximately 250mls/minute. Only 10 – 20 mls/minute of carbon dioxide cross in the opposite direction because carbon dioxide is highly soluble in blood. The resulting fall in pressure in the alveoli causes oxygen to travel by mass flow from the pharynx to the alveoli. Although the level of carbon dioxide in blood increases it takes approximately 20 minutes of apnoea in a healthy adult for the level to double (PaCO<sub>2</sub> of 10 – 11 KPa).

## Ordering Information

Product Code	Description	Size	Qty per Box
SNORKEL AIRWAY KIT	Ventilating Airway & Bite Block	Small Adult	20
SNORKEL AIRWAY KIT	Ventilating Airway & Bite Block	Adult	20

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Patent Pending

